

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date:: 2/6/04

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

**Computer Readable Form
(CFR)?::**

Number of Copies of CFR::

Title:: Trailer Impact Suppression Apparatus

Attorney Docket Number:: 37688-199395

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets:: 10

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?::

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship:: Canada
Country:: Canada
Status:: Full Capacity
Given Name:: Weldon
Middle Name:: J.
Family Name:: PETERS
Name Suffix::
City of Residence:: Nanton
State or Province of Residence:: Alberta
Country of Residence:: Canada
Street of Mailing Address:: Box 1330, 2716 19th Avenue
City of Mailing Address:: Nanton
State or Province of Mailing Address:: Alberta
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: TOL 1R0

Applicant Authority Type:: Inventor
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Country::
Status:: Full Capacity
Given Name::
Middle Name::
Family Name::
Name Suffix::
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State or Province of Residence::
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**State or Province of Mailing
Address::**

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**Postal or Zip Code of Mailing
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Address::**

Country of Mailing Address::

**Postal or Zip Code of Mailing
Address::**

Correspondence Information

Correspondence Customer Number:: 26694
Phone Number:: 202 344 4000
Fax Number:: 202 344 8300
E-Mail Address:: acaitken@venable.com

Representative Information

Representative Customer Number:: 26694

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
present	Continuation-in-part	09/983,273	10/23/01
09/983,273	Non-Provisional of	60/246,614	11/8/00
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing
Address::

Country of Mailing Address::

Postal or Zip Code of Mailing
Address::